

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 10-790 283		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1							51					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep.	4						Total Indep.					
Total Depend.	5						Total Depend.					
Total Claims	9						Total Claims					